

STATE OF NEVADA  
BALLOT ADVOCACY GROUP (BAG)  
Statement of Organization



Secretary of State Ross Miller

**BALLOT ADVOCACY GROUP:** (check one)

**FILED**

*Stokes*  
**APR 21 2008**

SECRETARY OF STATE  
ELECTIONS DIVISION

☐ New Registration

☒ Amended Registration (if amended, list reason)

☐ Change Resident Agent

☐ Change of Address

☐ Change in Officers

☒ Other: Amended Affiliations List Attached

**NAME OF COMMITTEE:** PEST Challenge Litigation Plaintiffs

**Mailing Address:** c/o Kummer Kaempfer Bonner Renshaw & Ferrario, 510 W. Fourth Street

Carson City

NV

89703

775-884-8300

City

State

Zip

Telephone

**PURPOSE:** (Briefly state the purpose for which the Ballot Advocacy Group was organized.)

To file and prosecute a legal challenge against the ballot initiative entitled, "Prevent Employers from Seizing Tips" (PEST)

**RESIDENT AGENT:** (Pursuant to AB 604 of the 74th Legislative Session, each Ballot Advocacy Group must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent: Robert L. Crowell

Mailing Address: c/o Kummer Kaempfer et al, 510 W. Fourth Street

Carson City

NV

89703

775-884-8300

City

State

Zip

Telephone

**ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT**

I, Robert L. Crowell, hereby accept appointment as Resident Agent for the above named Ballot Advocacy Group.

**X**

*Robert L. Crowell*  
Signature of Resident Agent

4-21-2008

Date

PESTchallengeLP

**OFFICERS:** (Please list the name, title, address and telephone number of each officer.)

**NAME:** N/A

**ADDRESS:**

**TITLE:**

City

State

Zip

Telephone

**NAME:**

**ADDRESS:**

**TITLE:**

City

State

Zip

Telephone

**NAME:**

**ADDRESS:**

**TITLE:**

City

State

Zip

Telephone

**NAME:**

**ADDRESS:**

**TITLE:**

City

State

Zip

Telephone

### **AFFILIATIONS**

If the Ballot Advocacy Group is affiliated with any other organizations, list the name, address and telephone number of each organization. *(Please attach additional pages if necessary)*

#### **Name of Organization**

#### **Address & Telephone No.**

See attached

Organization

City

State

Zip

Telephone

Organization

City

State

Zip

Telephone

Organization

City

State

Zip

Telephone

**Submitted By:**

**X**

Signature of representative of group

4-21-2008

Date

775-884-8300

Telephone



Send completed form to:  
**SECRETARY OF STATE ROSS MILLER**  
**ELECTIONS DIVISION**  
**101 NORTH CARSON STREET, STE. 3**  
**CARSON CITY, NEVADA 89701-4768**  
**PHONE: (775) 684-5705 FAX: (775) 684-5718**

Reset Form

## **AFFILIATIONS**

Nevada Manufacturers Association  
780 Pawnee Street  
Carson City, Nevada 89705

Nevada Motor Transport Association  
8475 Technology Way, Suite E  
Reno, Nevada 89521

Nevada Restaurant Association  
1500 East Tropicana, Suite 114A  
Las Vegas, Nevada 89119

Nevada Tavern Owners Association  
2320 Paseo del Prado, Suite 208  
Las Vegas, Nevada 89102

Retail Association of Nevada  
410 South Minnesota Street  
Carson City, Nevada 89703

Wynn Las Vegas, LLC  
3131 Las Vegas Boulevard South  
Las Vegas, Nevada 89109

Culinary Workers Union Local 226  
1630 South Commerce Street  
Las Vegas, Nevada 89102